

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/018682	FILING DATE	
APPLICANT(S)						CLAIMS		
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10	1							
11	1							
12	1							
13	1							
14	1							
15	1							
16	1							
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL D.	9							
TOTAL DEP.	7	↓	↓	↓				
TOTAL CLAIMS	16							